

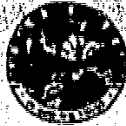
URGENT NOTICE: CORPORATION WILL BE SHUT DOWN ON 08 AFTER AUGUST 1, 1995.
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FILED

95 JUL -3 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morahan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K44910

(3)

1. Corporation Name

HIDEAWAY CAFE, INC.

Principal Place of Business

P.O. BOX 39572
FT. LAUDERDALE FL 33339

Mailing Address

P.O. BOX 39572
FT. LAUDERDALE FL 33339

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1988

3a. Date of Last Report

08/12/1994

4. FID Number

65-0092646

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. This corporation has taken the steps required for compliance with the
Florida Statutes

☒

Yes

☐

No

2. Principal Place of Business

21. State, Apt. # etc.

22. City & State

23. Zip

24. County

2a. Mailing Address

26. State, Apt. # etc.

27. City & State

28. Zip

29. County

9. Name and Address of Current Registered Agent

EDISON, GEORGE S.
2929 E. COMMERCIAL #605
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Type or print name of registered agent and the applicable

FEEL: Registered Agent Signature required when transferring

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME EDISON, GEORGE
STREET ADDRESS 2929 E. COMMERCIAL, #605
CITY, ST, ZIP FT LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.071(1)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. Change of or new agent must be reported with all addresses.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Edison

8/26/95

505-537-9405